

Comparing Agency and Organization Comparing Comp	FINANCIAL STATUS REPORT
3. Recipient Organization (Name and complete address, including ZIP code) STATE CAPITOL STATE ELECTIONS OF FICE 11.5 STATE CAPITOL SLC. UT 8 4114 6. Employer identification Number of Month, Day, Year) 8. Period Covered by this Report of Year No. Capitol Capi	t 2. Federal Grant or Other Identifying Number OMB Approved Assigned By Federal Agency
STATE CAPITOL 115 STATE CAPITOL SLC_UI 84114 4. Employer Identification Number	Help America Vote Act 10 Funds
S. Funding/Grant Period (See Instructions) 5. Funding/Grant Period (See Instructions) 6. Funding/Grant Period (See Instructions) 7. Basis 8. Funding/Grant Period (See Instructions) 8. Funding/Grant Period (See Instructions) 8. Period Covered by this Report 9. Period Covered by this Report 10. Transactions 10. Recipient share of outlays 11. Previously 12. Reported 13. Reported 14. Total unliquidated obligations 15. Federal share of outlays 16. Federal share of outlays 17. Basis 18. Carria (Month, Day, Year) 18. Previously 19. Previously 10. Transactions 10. Transactions 10. Recipient share of outlays 10. Total unliquidated obligations 10. Total unliquidated obligations 10. Total rederal share of unliquidated obligations 10. Total Federal share of unliquidated obligations 10. Total Federal share (Sum of lines c and f) 10. Total Federal funds authorized for this funding period 11. Unobligated balance of Federal funds (Line h minus line g) 12. Indirect Expense 13. Type of Rate (Place "X" in appropriate box) 14. Provisional 15. Rate 16. Federal share of unliquidated obligations 16. Rate 17. Basis 18. Period 18. Curria (Month, Day, Year) 19. Previously 10. Transactions 10. Previously 10. Curria (Nonth, Day, Year) 10. Transactions 10. Previously 10. Curria (Nonth, Day, Year) 10. Transactions 10. Previously 10. Transactions 10. Total unliquidated obligations 10. Total Previously 10. Transactions 10. Total unliquidated obligations 10. Total unliquidated obligations 10. Total unliquidated obligations 10. Total unliquidated ob	ZERNOR CE
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Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquid MY NACCARATO, DIRECTOR OF The Property of the purposes of the purposes set for the award documents.	or information required by Federal sponsoring agency in compliance of
dor Printed Name and Title MY NACCARATO, DIRECTOR OF ELECTIONS Telephone (Area code, number and extension when the purpose of Authorized Certifying Official)	and but the second seco
ure of Authorized Certifying Official	forth in the award documents.
1000	(801) 538 - 1041
Date Report Submitted Jan. 15, 2003	1 1 2